U.S. Department of JusticeBureau of Alcohol, Tobacco, Firearms and Explosives

Bomb Threat Checklist

1. When is the bomb going to explode?					
2. Where is the bomb right now?					
3. What does the bomb look like?					
4. What kind of bomb is it?					
5. What will ca	ause the bomb	to exp	lode?		
6. Did you pla	ce the bomb?				
7. Why?					
8. What is address?					
9. What is you	ır name?				
Exact Wording of Bomb Threat:					
Sex of caller: Race:					
Age: Length of call:					
Telephone number at which call is received:					
Time call received:					
Date call received://					
	Calle	r's Voic	e:		
Calm			Nasal		
Soft			Angry		
Stutter			Loud		
Excited	I		Lisp		
Laught	er		Slow		
Rasp			Crying		
Rapid			Deep		

Normal	Distinct			
Slurred	Whispered			
Ragged	Clearing throat			
Deep breathing	Cracking voice			
Disguised	Accent			
Familiar (If voice is familiar, who did it sound like?)				
Background Sounds:				
Street noises	Factory machinery			
Voices	Crockery			
Animal noises	Clear			
PA system	Static			
Music	House noises			
Long distance	Local			
Motor	Office machinery			
Booth	Other (Please Specify)			
Bomb Threat Language:				
Well spoken (education) Incoherent				
Foul	Message read by threat maker			
Taped	Irrational			
Remarks:				
Your name:				
Your position:				
Your telephone number:				

Date checklist completed: _____ /_____